

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

LARRY McNAIR

15 CIV. 3454(KBF)(

(In the space above enter the full name(s) of the plaintiff(s).)

"AMENDED"

-against-

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

**NEW YORK CITY POLICE COMM. WILLIAM
BRATTON; 28TH PCT. TRAFFIC COP MAX
CHOW; N.Y.C.D.O.C. COMM. JOSEPH PONTE;
DESIGNER SHOE WAREHOUSE DSW CORPORATE
SERVICE COMPANY; DESIGNER SHOE WAREHOUSE
SECURITY GUARD JOHN BYERS; ELITE INVEST-
AGATIONS LTD; A.M.K.C. INTAKE CORRECTION
OFFICERS ANTESWFSKI; RITTENHOUSE; CODY;
A.M.K.C. WARDEN TONY DURANTE; A.M.K.C. DEPUTY
WARDEN SECURITY DUNBAR; CITY OF NEW YORK.**

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name **LARRY McNAIR**
ID # **3491502006**
Current Institution **R.N.D.C.**
Address **11-11 HAZEN STREET
EST ELMHURST, N.Y. 11370**

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name **N.Y.P.D. COMM. WILLIAM BRATTON** Shield #
Where Currently Employed **POLICE HEADQUARTERS**
Address **ONE POLICE PLAZA
NEW YORK, N.Y. 10007**

Defendant No. 2 Name 28TH PCT. TRAFFIC COP MAX CHOW Shield # _____
 Where Currently Employed 28TH PRECINCT
 Address FEDERICK DOUGLAS BLVD, EIGHTH AVENUE
NEW YORK, N.Y. 10027

Defendant No. 3 Name N.Y.C.D.O.C. COMM. JOSEPH PONTE Shield # _____
 Where Currently Employed RIKERS ISLAND
75-20 ASTORIA BLVD.
 Address EAST ELMHURST, N.Y. 11370

Defendant No. 4 Name DSW OWNER CORPORATE SERVICE COMPANY Shield # _____
 Where Currently Employed DESIGNER SHOE WAREHOUSE INC.
 Address 80 STATE STREET
ALBANY, N.Y. 12207-2543

Defendant No. 5 Name JOHN BYERS Shield # _____
 Where Currently Employed DESIGNER SHOE WAREHOUSE SECURITY GUAI
 Address 301 WEST 125TH STREET DSW
NEW YORK, N.Y. 10027

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
ANNAN M. KROSS CENTER A.M.K.C./DESIGNER SHOE WAREHOUSE STORE
- B. Where in the institution did the events giving rise to your claim(s) occur?
A.M.K.C. INTAKE AREA(SEARCH AREA) SECOND FLOOR OF THE
DESIGNER SHOE WAREHOUSE STORE.
- C. What date and approximate time did the events giving rise to your claim(s) occur?
FEBRUARY 19, 2015, AT APPROXIMATELY 3:30 p.m. AND 6:30 P.M.
COLLECTIVELY.

DEFENDANTS NO. 6.

ELITE INVESTIGATIONS LTD.
538 WEST 29TH STREET
NEW YORK, N.Y. 10017;

DEFENDANTS NO. 7,8,9

A.K.C. CORRECTION OFFICERS
ANTESEWSKI; RITTENHOUSE, & CODY
A.M.K.C. INTAKE
18-18 HAZEN ST.
EAST ELMHURST, N.Y. 11370

DEFENDANT NO. 10.

WARDEN TONY DSURANTE
ANNA M. KROSS CENTER
18-18 HAZEN STREET
EAST ELMHURST, N.Y. 11370

DEFENDANT NO. 11.

DEPUTY WARDEN SECURITY DUNBAR
ANNA M. KROSS CENTER
18-18 HAZEN STREET
EAST ELMHURST, N.Y. 11370

DEFENDANT NO. 12.

CITY OF NEW YORK
COMPTROLLER'S OFFICE
1 CENTRE STREET
NEW YORK, N.Y. 10007.

D. Facts: ON FEBRUARY 19, 2015, AT APPROXIMATELY 3:30 P.M. PLAINTIFF LARRY McMAIR, PRO SE WAS BROWSING THROUGH SHOES AND CLOTHING STORE DESIGNER SAHOF WAREHOUSE INC. Located at 301 WEST 125TH street, AND AS HE PROCEEDED DOWN THE ESCALATOR TO THE SECOND FLOOR

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

DEFENDANT SECURITY GUARD JOHN BYERS APPROACHED PLAINTIFF STATING IN SUBSTANCE " DIDN'T I TELL YOU NIGGERS NOT TO COME IN THIS STORE AGAIN STEALING MY EMPLOYER'S MERCHANDISE DEFENDANT CORPORATE SERVICE COMPANY OWNER DSW". PLAINTIFF THEN INFORMED DEFENDANT JOHN BYERS THAT THIS WAS IN FACT HIS FIRST TIME BEING IN SAID DEPARTMENT STORE, AND IN FACT HE DID TELL HIM NOT TO REENTER HE WOULD HAVE SIGNED PAPERS TO THAT EFFECT. DEFENDANT JOHN BYERS ASKED plaintiff to accompany THE DEFENDANT JOHN BYERS TO AN UNDISCLOSED ROOM TO FIND PAPERS THE PLAINTIFF ALLEGEDLY SIGNED SIGNED, BUT PLAINTIFF DID NOT HAVE HIS IDENTIFICATION ON HIS PERSON, AND THE DEFENDANT FABRICATED A FALSE PETIT LARCENY ACCUSATION AGAINST PLAINTIFF, AND CALLED THE NEW York CITY POLICE DEPARTMENT, SPECIFICALLY THE 28TH PRECINCT. THE FIRST RESPONDERS INFORMED DEFENDANT JOHN BYERS UPON THEIR INVESTIGATION THAT THEY DID NOT HAVE PROBABLE CAUSE TO ARREST PLAINTIFF FOR NOT HAVING IDENTIFICATION, BECAUSE THAT WAS NOT A CRIME. THEY THEN CALLED DEFENDANT TRAFFIC COP MAX CHOW TO SEE IF HE WANTED A COLLAR. PLAINTIFF THEN INFORMED DEFENDANT MAX CHOW THAT HE DID NOT HAVE PROBABLE CAUSE TO ARREST HIM EITHER. the defendant max chow assured plaintiff THAT

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. PLAINTIFF HAS AND STILL SUFFERS FROM MENTAL, AND EMOTIONAL STRESS. A TRACE OF SERIOUS AND INFECTIOUS DISEASES (MRS/ SYPHYLISS AS THE EXACT RESULT OF THE RAPE, SODOMY, AND SEXUAL ASSAULT. NIGHTMARES, PARANOIA, IUNSOMNIA, POST TRAUMATIC STRESS DISORDER LOSS OF TEETH, NEEDING ORAL SURGERY, SUICIDAL THOUGHTS, MAJOR DEPRESSION, INCREASED ANXIETY, INCREASED PSYCHOTROPIC MEDICATIONS INCREASE PAIN MEDICATION FROM THE UNDUE UNNECESSARY, AND EXCESSIVE USE OF FORCE, DEPRAVED HARDSHIP IN LOSS OF CIVIL LIBERTIES.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes **XX** No _____

THAT HE WOULD JUST CHECK TO SEE IF PLAINTIFF HAD ANY WARRANTS, AND WOULD THEN JUST GIVE HIM A D.A.T. DESK APPEARANCE BECAUSE NO CRIME HAD BEEN ACTUALLY COMMITTED BY THE PLAINTIFF, BUT THE DEFENDANT MAX CHOW SENT PLAINTIFF THROUGH THE SYSTEM (JUSTICE) BY FALSELY CHARGING HIM WITH PETIT LARCENY THAT WAS SUBSEQUENTLY DISMISSED ON MAY 21, 2015 (SEE CRIMINAL COURT DISPOSITION, AND WEB CRIM LOOK-UP ATTACHED HERETO AS EXHIBITS "A&B"). THE DEFENDANTS JOHN BYERS, AND HIS EMPLOYERS DEFENDANT ELITE INVESTIGATIONS LTD. UNLAWFULLY TRAINED AND RECRUITED EMPLOYEES FOR DEFENDANT CORPORATE SERVICE COMPANY TO USE RACIAL PROFILING TACTICS IN ATTEMPTS TO FALSELY ACCUSE PEOPLE OF COLOR AS TRGOTS OF UNLAWFUL ARRESTS TO MAINTAIN THEIR MERCHANDISE, WHILE INCARCERATING INNOCENT PEOPLE, AND USING RACIAL SLURS TO AGITATE PEOPLE OF COLOR INTO ATTEMPTING TO ANTICIPATE ASSAULT AGAINST THESE SECURITY GUARDS TO EXTEND JAIL TERMS IN THE FORM OF CONSUMER RACIAL PROFILING IN "SHOP AND FRISK" TACTICS THAT VIOLATE ALL CITIZENS OF COLOR FOURTH, EIGHTH, AND FOURTEENTH AMENDMENT RIGHTS OF THE UNITED STATES CONSTITUTION, WHEREAS THEY ARE SEARCHED WITHOUT PROBABLE CAUSE, MAKING SEARCHES ILLEGAL, DELIBERATE INDIFFERENCE WITH PRIOR KNOWLEDGE THAT A THEFT HAD NOT BEEN PROVEN TO BE COMMITTED VIA CONCRETE EVIDENCE BY VIDEO OR PERSONAL KNOWLEDGE, THAT LEADS TO A DEPRAVED INDIFFERENCE WHERE ONE'S CIVIL LIBERTIES ARE JEOPARDIZED THAT RISE ABOVE THE LEVEL OF CRUEL AND UNUSUAL PUNISHMENT AND DUE PROCESS OF THE LAW IS VANISHED, AND STRIPPED FROM PLAINTIFFS RIGHTS WITHIN THE GUIDELINES OF JUSTICE. THE PROSECUTION THEN BECOMES MALICIOUS AND CARRIED OUT FOR MONTHS IN A SADISTIC MANNER WITH THE SOLE PURPOSE OF CAUSING A DEPRAVED HARDSHIP ON PLAINTIFF, AND UNITED STATES CITIZENS OF COLOR ALIKE. AS THE EXACT RESULT OF DEFENDANTS JOHN BYERS, ELITE INVESTIGATIONS LTD, AND CORPORATE SERVICE TRAINING AT APPROXIMATELY 6:30 P.M. ON FEBRUARY 19, 2015 DURING INTAKE PROCEDURES AT THE ANNA M. KROSS CENTER, PLAINTIFF WAS AGAINN FALSELY ACCUSED OF HIDING CONTRABAND IN HIS RECTUM AREA VIA AN ALLEGED X-RAY MACHINE, AND WAS

FACTS PAGE (3)

SODOMIZED, RAPED, AND ESSENTIALLY SEXUALLY ASSAULTED BY DEFENDANTS C.O. ANTEESWSKI, RITTENHOUSE, AND CODY, BY TWO OF WHOMMSTUCK THEIR UNGLOVED FINGERS IN PLAINTIFFS RECTUM UNLAWFULLY BREAKING PLAINTIFF'S SKIN IN HIS LOWER RIGHT GLUTE INFECTING PLAINTIFF WITH SYPHYLIS AND MRSA IN THE FORM OF AN ABCESS THAT GREW THE SIZE OF A SOFTBALL. NO CONTRABAND WAS EVER FOUND AS RESULT OF THIS UNLAWFUL SEARCH OF PLAINTIFFS ANAL CAVITY WITHOUT PROTECTIVE GLOVES, AND PLAINTIFF ACTUALLY HAD FLESH EATING PARASITES GROWING OUT OF HIS SKIN. THEN PLAINTIFF HAD UNDUE, UNNECESSARY, AND EXCESSIVE USE OF FORCE WHERE HE LOST TWO(2) TEETH AND NOW REQUIRE ORAL SURGERY TO REPLACE. PLAINTIFF ALSO BECAME SUICIDAL AS THE EXACT RESULT OF THE RAPE INCIDENT. because plaintiff was a victim by THE UNLAWFUL ARREST OF DEFENDANTS JOHN BY ELITE INVESTAGATIONS LTD, AND DSW CORPORATE SERVICE COMPANY WHO HAS FULL LIABILITY AND CLAIMS AS THE EXACT RESULT OF THEIR "SHOP AND FRISK" TACTICS THEY ADOPTED FROM THE NEW YORK CITY POLICE DEPARTMENT BEING USED AGAINST PEOPLE OF COLOR IN THE CITY OF NEW YORK. COMMISSIONER WILLIAM BRATTON, AND NEW YORK CITY DEPARTMENT OF CORRECTION COMMISSIONER JOSEPH PONTI A.M.K.C. WARDEN TONY DURANTE, AND DEPUTY WARDEN SECURITY DUNBAR HAVE PERSONAL AND MUNICIPAL LIABILITY IN THAT THEY ESTABLISHED POLICIES and DIRECTIVES FOR SUBORDINATES TO FOLLOW THAT OBVIOUSLY DOES NOT CONFORM TO THE LAWS OF THIS STATE AND THESE DEFENDANTS ARE IN FACT ACTORS UNDER THE COLOR OF STATE LAW AND ACTED AS ACTORS THEREOF AS CIVIL SERVICE WORKERS, AND ARE LIABLE AS SUCH WITH THE CITY OF NEW YORK, WHO BEHOLD FULL RESPONSIBILITY OF THE DEFENDANTS CORPORATE SERVICE COMPANY, AND ELITE INVESTAGATIONS LTD. FOR allowing these entities to operate THEIR PLACES OF BUSINESSES AND RACIAL TRAINING WITHIN NEW YORK CITY IN VIOLATION OF CITIZENS GUARANTEED RIGHTS BY THE UNITED STATES CONSTITUTION AND THE UNIVERSAL DECLARATION OF HUMAN RIGHTS. PLAINTIFF ALSO SUFFERS FROM A SERIOUS AND PERSISTENT MENTAL ILLNESS (SCHIZOAFFECTIVE DISORDER, AND THE DEFENDANTS VIOLATED HIS RIGHT TO BE FREE FROM DISCRIMINATION UNDER THE REHABILITATION, AND PATIENT

PATIENT BILL OF RIGHTS IN THAT PLAINTIFF IS ALSO CERTIFIED AS A MENTALLY DISAABLED PERSON. AT ALL TIMES THESE DEFENDANTS WERE AWARE AND CONSCIOUS THAT THEIR ACTS WERE BENEATH HUMAN STANDARDS. MRSA IS AN INCURABLE INFECTIOUS DISEASE THAT PLAINTIFF MAY HAVE TO SUCCUMB TO FOR THE REST OF HIS LIFE, BECAUSE OF ONE ARREST WITHOUT PROBABLE CAUSE AND BECAUSE PLAINTIFF DID NOT HAVE IDENTIFICATION IS HUMANLY INSANE. IN FURTHERANCE OF AND SUPPORT THEREOF THE SODOMY INCIDENT PLAINTIFF, PRO SE, HAS ENCLOSED "EXHIBITS C TO K" IN LIGHT OF EMOTIONAL, PHYSICAL, AND MENTAL INJURIES AS THE EXACT RESULT OF DEFENDANTS DESIGNER SHOE WAREHOUSE CORPORATE SERVICE COMPANY, THE NEW YORK CITY POLICE DEPARTMENT TRAFFIC COP MAX CHOW, AND THE ELITE INVESTIGATIONS LTD., JOHN BYERS, AND FINALLY THE NEW YORK CITY DEPARTMENT OF CORRECTION DEFENDANTS NAMED HEREIN. IN SUPPORT OF BEING ILLEGALLY DETAINED AS THE FALSE ARREST COMPLAINT MADE TO THE NEW YORK CITY POLICE DEPARTMENT BY THE DEFENDANTS JOHN BYERS, AND DESIGNER SHOE WAREHOUSE SERVICE CORPORATE COMPANY. TOGETHER THESE ALLEGATIONS DISRUPTS AND VIOLATES PLAINTIFFS CONSTITUTIONAL RIGHTS GUARANTEED BY THE UNITED STATES, BILL OF RIGHTS, PATIENTS BILL OF RIGHTS, AND THE UNIVERSAL DECLARATION OF HUMAN RIGHTS, UNDER THE COLOR OF STATE LAWS, RULES AND POLICIES RELATED TO THE DEPRIVATION OF PLAINTIFF'S CIVIL LIBERTIES TO BE FREE FROM CRUEL, AND UNUSUAL PUNISHMENT WHICH SUPERCEDES TORTURE IN EVERY ASPECT OF THE WORD, AND MEANING WITH THE SOLE PURPOSE OF CAUSING PERMANENT EMOTIONAL PHYSICAL, AND SERIOUS INJURIES WHERE NO KNOWN REMEDY FOR SUCH DISASTER EXISTS VIA ANY AMOUNT OF MONETARY DAMAGES THAT WOULD SUFFICE AND COMPENSATE SAID UNPROFESSIONAL CONDUCT BY ALL THE DEFENDANTS NAMED HEREIN INVOLVED OF SAID SADISTIC INJURIES, THAT ESSENTIALLY CLAIMED PLAINTIFF AS THE VICTIM OF A HEINOUS CRIME OF SEXUAL ASSAULT, RAPE, SODOMY, AND AN UNLAWFUL ARREST AND IMPRISONMENT.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

ANNA M. KROSS CENTER 28TH PRECINCT, DESIGNER SHOE

WAREHOUSE STORE

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? **ANNA M. KROSS CENTER; PRISONER'S RIGHTS PROJECT; INSPECTOR GENERAL**

1. Which claim(s) in this complaint did you grieve? **SODOMY, RAPE, SEXUAL ASSAULT. UNLAWFUL IMPRISONMENT, ILLEGAL CAVITY SEARCH**

2. What was the result, if any? **STILL PENDING**

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. **FORWARDED THE COMPLAINTS TO THE A.M.K.C. WARDEN, DEPUTY WARDEN SECURITY, N.Y.C.D.O.C. COMMISSIONER'S OFFICE**

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

NOT APPLICABLE

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: SAME WEEK OF 2/19/15 TO PRESENT

STILL UNDER INVESTIGATION THROUGH LITIGATION PRESENT TO LOCATE
PREDATORS INVOLVED.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I had to contact agencies outside the facility DUE TO THE
SERIOUS NATURE OF THE EVENTS PLAINTIFF SUFFERED AND ENDURED.
PRISONER'S RIGHTS ATTORNEYS DALE WILKER; AGNES BAIK; SARAH KERR;
AND MITON SELEMYER. FOUR(4) INSPECTORS FROM THE INSPECTOR GENERAL'S
OFFICE

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

PLAINTIFF SEEKS PAIN AND SUFFERING DAMAGES
FROM EACH DEFENDANT IN THEIR INDIVIDUAL, AND OFFICIAL CAPACITY IN THE
AMOUNT OF FIVE (5) MILLION DOLLARS. PLAINTIFF ALSO SEEKS EMOTIONAL STRESS
AND MENTAL ANGUISH DAMAGES FROM EACH DEFENDANT IN THE AMOUNT OF FIVE(5)
MILLION DOLLARS, AND FINALLY PLAINTIFF SEEKS PUNITIVE DAMAGES IN THE
AMOUNT OF TEN(10) MILLION DOLLARS FROM EACH DEFENDANT IN THEIR INDIVIDUAL
AND OFFICIAL CAPACITY FOR A SUBTOTAL OF THREE (3) HUNDRED AND
NINETY(90) MILLION DOLLARS THAT IS NON-NEGOTIABLE, BECAUSE THERE IS NO
SUBSTITUTE FOR SODOMY, RAPE, AND SEXUAL ASSAULT OR COMPENSATION FOR
ANY HUMAN BEING IN THE UNITED STATES OF AMERICA.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes XX No

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff LARRY McNAIR

Defendants BELLEVUE HOSPITAL MED. DIR. BUD HEYMAN, ET AL;

2. Court (if federal court, name the district; if state court, name the county) SOUTHERN DISTRICT

3. Docket or Index number 15 CIV. 4569(

4. Name of Judge assigned to your case HONORABLE RONNIE ABRAMS

5. Approximate date of filing lawsuit APRIL 2015

6. Is the case still pending? Yes XX No

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) STILL PENDING

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes XX No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff LARRY McNAIR

Defendants N.Y.C.D.O.C. COMM. JOSEPH PONTE, ET AL;

2. Court (if federal court, name the district; if state court, name the county) SOUTHERN DISTRICT

3. Docket or Index number 15CIV. 4006

4. Name of Judge assigned to your case HONORABLE VERNON S. BRODERICK

5. Approximate date of filing lawsuit MARCH 2015

6. Is the case still pending? Yes XX No

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) STILL PENDING

I declare under penalty of perjury that the foregoing is true and correct.

Signed this **2ND** day of **JANUARY**, 20**16**

Signature of Plaintiff

Inmate Number

Institution Address


3491502006

R.N.D.C.

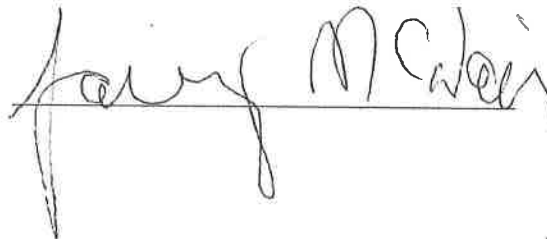
11-11 HAZEN ST.

EAST ELMHURST, N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this **2ND** day of **JANUARY**, 20**16**, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

LARRY McNAIR

(full name of the plaintiff/petitioner)

15

CV

3454

KBF RLE

() ()

-against-

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

N.Y.C. POLICE COMM. WILLIAM BRATTON, ET AL;

(full name(s) of the defendant(s)/respondent(s))

PRISONER AUTHORIZATION

By signing below, I acknowledge that:

- (1) because I filed this action as a prisoner,¹ I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed *in forma pauperis* (IFP), that is, without prepayment of fees;
- (2) if I am granted IFP status, the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.

I authorize the agency holding me in custody to:

- (1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);
- (2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.

This authorization applies to any agency into whose custody I may be transferred and to any other district court to which my case may be transferred.

JANUARY 2, 2016

Date

McNAIR, LARRY

Name (Last, First, MI)

Signature

2391502006

Prison Identification #

Address

City

State

Zip Code

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

"AMENDED COMPLAINT"

LARRY M c NAIR

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

15 CV **3454** (**KBF**) (**RLE**)

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

N.Y.C. POLICE COMM. WILLIAM BRATTON;

ET AL;

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☒ Yes ☐ No (If "No," go to Question 2.)
I am being held at: **R.N.D.C. BUILDING**

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: **\$0.00**

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: **N/A**

If "no," what was your last date of employment? **7/1988**

Gross monthly wages at the time: **\$8.50.00**

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No

- (c) Pension, annuity, or life insurance payments
 (d) Disability or worker's compensation payments
 (e) Gifts or inheritances
 (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.)
 (g) Any other sources

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

INCARCERATED

4. How much money do you have in cash or in a checking, savings, or inmate account?

\$0.00

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

NO

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

NO

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors): **JASON JEFFREY, LISA. BRAYLIN, KYRO, DESTINY, JASMINE JANNAE, JAVON**

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

NONE

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

JANUARY 2, 2016

Dated

McNAIR, LARRY

Signature

3451502006

Name (Last, First MI)

11-11 HAZEN ST, R.N.D.C. EAST ELMHURST, N.Y. 11370

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

RNDG COMPUTER INFORMATION

PRINT NAME: McNair
 DATE: _____

B&C: _____
 NYSID: _____

PENAL CHARGE: 155.25
 DESCRIPTION: Petit Larceny
 FEL./MISC.: 4
 DOCKET: _____
 INDICTMENT NO.: _____
 COURT DATE: _____ PART: _____
 BOND: Dismissed on 5/2/15
 BAIL: _____
 WARRANT/MISC.: _____
 (ICP): _____ YES _____ NO

PENAL CHARGE: 155.25
 DESCRIPTION: Petit Larceny
 FEL./MISC.: 4
 DOCKET: _____
 INDICTMENT NO.: _____
 COURT DATE: _____ PART: _____
 BOND: Dismissed on 5/2/15
 BAIL: _____
 WARRANT/MISC.: _____
 (ICP): _____ YES _____ NO

PENAL CHARGE: _____
 DESCRIPTION: _____
 FEL./MISC.: _____
 DOCKET: _____
 INDICTMENT NO.: _____
 COURT DATE: _____ PART: _____
 BOND: _____
 BAIL: _____
 WARRANT/MISC.: _____
 (ICP): _____ YES _____ NO

PAPERS

FOR UPDA

PERS

FOR UPDATES, BRING THIS FORM WITH

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF NEW YORK

CERTIFICATE OF DISPOSITION
NUMBER: 425269

THE PEOPLE OF THE STATE OF NEW YORK
VS

MCNAIR, LARRY
Defendant

01/15/1963
Date of Birth

2070 7 AVE
Address

4587820L
NYSID Number

NY NY
City State Zip

02/19/2015
Date of Arrest/Issue

Docket Number: 2015NY011222

Summons No:

155.25 165.40
Arraignment Charges

Case Disposition Information:

Date	Court Action	Judge	Part
05/21/2015	DISM-CONVICTION UNRELATED DKT 00714-2015	SCHERZER, A	A

NO FEE CERTIFICATION

☐ GOVERNMENT AGENCY ☐ COUNSEL ASSIGNED
☐ NO RECORD OF ATTORNEY READILY AVAILABLE. DEFENDANT STATES COUNSEL WAS ASSIGNED
SOURCE ☐ ACCUSATORY INSTRUMENT ☐ DOCKET BOOK/CRIMS ☐ CRC3030 [CRS963]

I HEREBY CERTIFY THAT THIS IS A TRUE EXCERPT OF THE RECORD ON FILE IN
THIS COURT.

KELLY, E *E. Kelly*
COURT OFFICIAL SIGNATURE AND SEAL

10/21/2015
DATE

FEE: NONE

(CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT
SEAL OVER THE SIGNATURE OF THE COURT OFFICIAL.)



MCNAIR, LARRY

52 Y old Male, DOB: 01/13/1963
2070 7TH AV, 5S, 5S, NY, NY 10027
Provider: Goldsberry, Pheobe, PA

Telephone Encounter

Answered by: Goldsberry, Pheobe

Date: 04/04/2015
Time: 10:53 AM

Reason: Message

Message: Message: Refer to urgicare

Action Taken: Viera, David, PA 4/6/2015 3:56:54 PM > ECW CLEAN UP: ADDRESSED OPEN TELEPHONE
ENCOUNTER: Message: Refer to urgicare: EVALUATED BY: Goldsberry, Pheobe Date: 04/04/2015

Reason for Appointment

1. Message

History of Present Illness

Notes:

Pt. needs urgicare follow-up s/p I and D.

Current Medications

Aspirin EC 81 MG Tablet Delayed Release 1 tab Once a day, stop date 04/18/2015
Carvedilol 6.25 MG Tablet 1 tab Twice a day, stop date 04/18/2015
Furosemide 40 mg Tablet 2 tabs Daily, stop date 04/18/2015
Lisinopril 20 mg Tablet 1 tab Daily, stop date 04/18/2015
Atorvastatin Calcium 40 mg Tablet 80 mg At Bedtime, stop date 04/18/2015
Keppra 500 mg Tablet 1 tab Twice a Day, stop date 04/18/2015
Lisinopril 10 mg Tablet 3 tablets Daily, stop date 06/26/2015
Lamictal 25 MG Tablet 75 MG At Bedtime, stop date 04/15/2015
Seroquel 300 MG Tablet 1 tablet at bedtime At Bedtime, stop date 04/15/2015
BusPIRone HCl 10 mg Tablet 1 tab Twice a Day, stop date 04/15/2015

Past Medical History

Disabilities
Chickenpox
Hypertension
Heart disease
Seizures
SPMI - NO
SPMI - NO
Tendonitis NOS

Patient: MCNAIR, LARRY DOB: 01/13/1963 Provider: Goldsberry, Pheobe, PA 04/04/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



M CNAIR, LARRY

52 Y old Male, DOB: 01/13/1963
2070 7TH AV, 5S, 5S, NY, NY 10027
Provider: Hobbs-Green, Roxanne

Telephone
Encounter

Answered by AA Hobbs-Green, Roxanne

Date: 04/07/2015
Time: 07:58 AM

Reason A abnl lab, MRSA

Reason for Appointment

1. abnl lab, MRSA

History of Present Illness

Notes:

notified C71 provider to call pt to clinic for abnl lab, pt not produced.

Current Medications

Aspirin EC 81 MG Tablet Delayed Release 1 tab Once a day, stop date 04/18/2015
Carvedilol 6.25 MG Tablet 1 tab Twice a day, stop date 04/18/2015
Furosemide 40 mg Tablet 2 tabs Daily, stop date 04/18/2015
Lisinopril 20 mg Tablet 1 tab Daily, stop date 04/18/2015
Atorvastatin Calcium 40 mg Tablet 80 mg At Bedtime, stop date 04/18/2015
Keppra 500 mg Tablet 1 tab Twice a Day, stop date 04/18/2015
Lisinopril 10 mg Tablet 3 tablets Daily, stop date 06/26/2015
Lamictal 25 MG Tablet 75 MG At Bedtime, stop date 04/15/2015
Seroquel 300 MG Tablet 1 tablet at bedtime At Bedtime, stop date 04/15/2015
BusPIRone HCl 10 mg Tablet 1 tab Twice a Day, stop date 04/15/2015
Tylenol/ Codeine #3 300-30 MG Tablet 2 tabs bid, give one dose now, stop date 04/08/2015
Bactrim DS 800-160 MG Tablet 1 tablet bid, give one dose now, stop date 04/15/2015
Tylenol/ Codeine #3 300-30 MG Tablet 2 tabs Stat, stop date 04/07/2015

Past Medical History

Disabilities
Chickenpox
Hypertension
Heart disease
Seizures
SPMI - NO
SPMI - NO
Tendonitis NOS
REFUSAL OF TREATMENT
REFUSAL OF TREATMENT
Rash
PERSONALITY DISORDER NOS

Patient: MCNAIR, LARRY DOB: 01/13/1963 Provider: Hobbs-Green, Roxanne 04/07/2015
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



MCNAIR, LARRY

NYSID: 04587820L BookCase: 3491502006
Facility Code: AMKC Housing Area: RR
52 Y old Male, DOB: 01/13/1963
2070 7TH AV, 5S, 5S, NY, NY-10027

Insurance: Medicaid

Appointment Facility: Anna M. Kross Correctional Facility

02/25/2015

Appointment Provider: Mohammad Kalam, MD

Current Medications

Keppra 500 mg Tablet 1 tab Twice a Day, stop date 03/23/2015
Furosemide 40 mg Tablet 2 tabs Daily, stop date 03/23/2015
Aspirin EC 81 MG Tablet Delayed Release 1 tab Once a day, stop date 03/23/2015
Lisinopril 20 mg Tablet 1 tab Daily, stop date 03/23/2015
Carvedilol 6.25 MG Tablet 1 tab Twice a day, stop date 03/23/2015
Methadone HCl 10 mg Tablet Methadone-10mg 6 days Taper: 10 mg Daily for 3 days, 5 mg daily for 3 days As Directed, stop date 02/27/2015
Atorvastatin Calcium 40 mg Tablet 80 mg Once a day, stop date 03/23/2015
Lamictal 25 MG Tablet 1 tab Twice a day, stop date 03/01/2015
Seroquel 100 mg Tablet 1 tablet At Bedtime, stop date 03/01/2015
Chlordiazepoxide HCl 25 MG Capsule
Librium Low Dose: Take 50 mg BID x 2 days then 25 mg BID x 2 days, then 25 mg QHS x 1 day As Directed, stop date 02/28/2015

Past Medical History

Disabilities
Chickenpox
Hypertension
Heart disease
Seizures
SPMI - NO
SPMI - NO
Tendonitis NOS

Allergies

Ibuprofen: hives: Allergy

Reason for Appointment

1. Abnormal lab

History of Present Illness

Notes::

Pt seen for Positive RPR, ratio is 1:1, Pt denied dysuria, urethral discharge, fever, chills, abdominal pain. Pt admitted to have sex like 1 week ago with his wife which was unprotected. Pt stated that he never had syphilis and never received medication for syphilis.

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 3: Two Chronic Conditions addressed including narrative assessment and plan for each, f/u time frame specified, appropriate labs and referrals

Vital Signs

Vital Signs			
BP			
105/74	02/25/2015 01:26:21 PM	Mohammad Kalam	
Pulse			
73	02/25/2015 01:26:21 PM	Mohammad Kalam	
RR			
14	02/25/2015 01:26:21 PM	Mohammad Kalam	
Temp			
97.7	02/25/2015 01:26:21 PM	Mohammad Kalam	

Past Orders

RPR SEROLOGY (Order Date - 02/21/2015)

(Collection Date - 02/21/2015)

Result: Abnormal/Positive/Reactive

RPR SEROLOGY

R 1:1 DIL

Non-Reactive - Titer A

Notes: Asogwa, Ofoma, RN 2/21/2015
10:50:46 PM > Specimen collected
Cantor, Lourdes, PA 2/23/2015 3:33:19 PM >

Patient: MCNAIR, LARRY DOB: 01/13/1963 Progress Note: Mohammad Kalam, MD 02/25/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



nyc.gov/hhc

Correctional Health Services

Insurance: Medicaid

Appointment Facility: Anna M. Cross Correctional Facility

MCNAIR, LARRY

NYSID: 04587820L BookCase: 3491502006

Facility Code: AMKC Housing Area: RR

52 Y old Male, DOB: 01/13/1963

2070 7TH AV, 5S, 5S, NY, NY-10027

02/25/2015

Appointment Provider: Tracy Simpson, RN

Current Medications

Keppra 500 mg Tablet 1 tab Twice a Day, stop date 03/23/2015

Furosemide 40 mg Tablet 2 tabs Daily, stop date 03/23/2015

Aspirin EC 81 MG Tablet Delayed Release 1 tab Once a day, stop date 03/23/2015

Lisinopril 20 mg Tablet 1 tab Daily, stop date 03/23/2015

Carvedilol 6.25 MG Tablet 1 tab Twice a day, stop date 03/23/2015

Methadone HCl 10 mg Tablet Methadone-10mg 6 days Taper: 10 mg Daily for 3 days, 5 mg daily for 3 days As Directed, stop date 02/27/2015

Atorvastatin Calcium 40 mg Tablet 80 mg Once a day, stop date 03/23/2015

Lamictal 25 MG Tablet 1 tab Twice a day, stop date 03/01/2015

Seroquel 100 mg Tablet 1 tablet At Bedtime, stop date 03/01/2015

Chlordiazepoxide HCl 25 MG Capsule

Librium Low Dose: Take 50 mg BID x 2 days then 25 mg BID x 2 days, then 25 mg QHS x 1 day As Directed, stop date 02/28/2015

Penicillin G Benzathine 600000 UNIT/ML

Suspension 2.4 millions Once a Week x 3 week, stop date 03/18/2015

Tylenol/Codeine #3 300-30 MG Tablet 2 tabs Stat, stop date 02/25/2015

Past Medical History

Disabilities

Chickenpox

Hypertension

Heart disease

Seizures

SPMI - NO

SPMI - NO

Tendonitis NOS

Allergies

Ibuprofen: hives: Allergy

Reason for Appointment

1. BCN #1

History of Present Illness

Notes:

Pt medicated with a stat dose of BCN 2.4 mil unit x1 in right upper outer buttocks as ordered by Dr. Mohammad Kalam. Pt denied allergy. Tolerated well. Pt observed for 30 minutes post injection with no immediate adverse reaction noted. Pt educated on the importance of completing a series of 3 injections over 3 consecutive weeks. Pt verbalized understanding.

Vital Signs

BP		
112/81	02/25/2015 04:36:57 PM	Tracy Simpson-Mitchell
Pulse		
65	02/25/2015 04:36:57 PM	Tracy Simpson-Mitchell
RR		
16	02/25/2015 04:36:57 PM	Tracy Simpson-Mitchell
Temp		
98.7	02/25/2015 04:36:57 PM	Tracy Simpson-Mitchell

Appointment Provider: Tracy Simpson, RN





Insurance: Medicaid

MCNAIR, LARRY

NYSID: 04587820L BookCase: 3491502006
Facility Code: AMKC Housing Area: 4 UPPER
52 Y old Male, DOB: 01/13/1963
2070 7TH AV, 5S, 5S, NY, NY-10027

Appointment Facility: West Facility

04/04/2015

Appointment Provider: PETER GRUBER, MD

Current Medications

Aspirin EC 81 MG Tablet Delayed Release 1 tab Once a day, stop date 04/18/2015
Carvedilol 6.25 MG Tablet 1 tab Twice a day, stop date 04/18/2015
Furosemide 40 mg Tablet 2 tabs Daily, stop date 04/18/2015
Lisinopril 20 mg Tablet 1 tab Daily, stop date 04/18/2015
Atorvastatin Calcium 40 mg Tablet 80 mg At Bedtime, stop date 04/18/2015
Keppra 500 mg Tablet 1 tab Twice a Day, stop date 04/18/2015
Lisinopril 10 mg Tablet 3 tablets Daily, stop date 06/26/2015
Lamictal 25 MG Tablet 75 MG At Bedtime, stop date 04/15/2015
Seroquel 300 MG Tablet 1 tablet at bedtime At Bedtime, stop date 04/15/2015
BusPIRone HCl 10 mg Tablet 1 tab Twice a Day, stop date 04/15/2015

Past Medical History

Disabilities
Chickenpox
Hypertension
Heart disease
Seizures
SPMI - NO
SPMI - NO
Tendonitis NOS
REFUSAL OF TREATMENT
REFUSAL OF TREATMENT
Rash
PERSONALITY DISORDER NOS
Major depression NOS
PSYCHOSIS NOS
Depression with anxiety

Allergies

Ibuprofen: hives: Allergy

Reason for Appointment

1. S/P Rt Gluteal Abscess

History of Present Illness

Notes:

S/P Rt Gluteal abscess, I & Ded in Urgi on 4/3, here for f/u care, wound check and change of packing/dressing. Referred to MD...S.Bhat, RN

Doctor note: pt returns for wound check of buttock i and d yesterday.

Vital Signs

BP		
126/82	04/04/2015 04:08:27 PM	Seetharama Bhat
Pulse		
88	04/04/2015 04:08:27 PM	Seetharama Bhat
RR		
16	04/04/2015 04:08:27 PM	Seetharama Bhat
Temp		
97.0	04/04/2015 04:08:27 PM	Seetharama Bhat

Examination

General Examination:

GENERAL APPEARANCE: comfortable.

BACK: right buttock: packing removed with pus expressed; wound cleaned and new packing and dressing placed.

Assessments

1. Abscess - 527.3

Treatment

1. Abscess

Start Tylenol Tablet, 325 MG, 3 tabs, Orally, stat, 0 days, RN-DOT
Referral To: Urgicare WF Urgicare

used to make incision, pus expressed, cultured, packed and clean dressing applied.

Referral To: Urgicare WF Urgicare

Reason: abscess f/u

Disposition: General Population

Notes: f/u with urgicare 4/4/15

Appointment Provider: FRANK FLORES, DO



Electronically signed by Frank Flores DO on 04/03/2015 at 10:38 AM EDT

Sign off status: Completed

**West Facility
16-06 Hazen Street
East Elmhurst, NY 11370
Tel: 718-546-4150
Fax:**

Patient: MCNAIR, LARRY DOB: 01/13/1963 Progress Note: FRANK FLORES, DO 04/03/2015

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nyc.gov/hhc

Correctional Health Services

Insurance: Medicaid

MCNAIR, LARRY

NYSID: 04587820L BookCase: 3491502006

Facility Code: AMKC Housing Area: 4 UPPER

52 Y old Male, DOB: 01/13/1963

2070 7TH AV, 5S, 5S, NY, NY-10027

Appointment Facility: West Facility

04/03/2015

Appointment Provider: FRANK FLORES, DO

Current Medications

Aspirin EC 81 MG Tablet Delayed Release 1 tab Once a day, stop date 04/18/2015
 Carvedilol 6.25 MG Tablet 1 tab Twice a day, stop date 04/18/2015
 Furosemide 40 mg Tablet 2 tabs Daily, stop date 04/18/2015
 Lisinopril 20 mg Tablet 1 tab Daily, stop date 04/18/2015
 Atorvastatin Calcium 40 mg Tablet 80 mg At Bedtime, stop date 04/18/2015
 Keppra 500 mg Tablet 1 tab Twice a Day, stop date 04/18/2015
 Lisinopril 10 mg Tablet 3 tablets Daily, stop date 06/26/2015
 Lamictal 25 MG Tablet 75 MG At Bedtime, stop date 04/15/2015
 Seroquel 300 MG Tablet 1 tablet at bedtime At Bedtime, stop date 04/15/2015
 BusPIRone HCl 10 mg Tablet 1 tab Twice a Day, stop date 04/15/2015

Past Medical History

Disabilities
 Chickenpox
 Hypertension
 Heart disease
 Seizures
 SPMI - NO
 SPMI - NO
 Tendonitis NOS
 REFUSAL OF TREATMENT
 REFUSAL OF TREATMENT
 Rash
 PERSONALITY DISORDER NOS
 Major depression NOS
 PSYCHOSIS NOS
 Depression with anxiety

Allergies

Ibuprofen: hives: Allergy

Reason for Appointment

1. Gluteal Abscess(R)

History of Present IllnessNotes::

Pt reports swelling and pain over his rt. gluteal area for 7 days and discharge from the spot for 2 days. Tetanus reported to be UTD. Referred to MD. For pain Tylenol with Codine 2 tabs given per order.....S.Bhat, RN Dr. Note: patient with gluteal abscess x 2 days.

Vital Signs

BP		
125/91	04/03/2015 09:49:13 AM	Seetharama Bhat
Pulse		
92	04/03/2015 09:49:13 AM	Seetharama Bhat
RR		
16	04/03/2015 09:49:13 AM	Seetharama Bhat
Temp		
99.1	04/03/2015 09:49:13 AM	Seetharama Bhat

ExaminationGeneral Examination:

GENERAL APPEARANCE: well-developed, well-hydrated, no acute distress.

rt buttocks with induration and fluctuance area of tenderness and erythema, pus noted at head of abscess, balance of exam unremarkable.

Assessments

1. Abscess - 527.3 (Primary)

Treatment**1. Abscess**LAB: CULTURE, WOUND

wound cleaned with betadine , 1% lido used for anesthesia, # 11 blade

Patient: MCNAIR, LARRY DOB: 01/13/1963 Progress Note: FRANK FLORES, DO 04/03/2015
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**MCNAIR, LARRY**

NYSID: 04587820L BookCase: 3491502006
Facility Code: AMKC Housing Area: 4 UPPER
52 Y old Male, DOB: 01/13/1963
2070 7TH AV, 5S, 5S, NY, NY-10027

Insurance: Medicaid

Appointment Facility: Anna M. Kross Correctional Facility

04/03/2015

Appointment Provider: David Onuora, PA

Current Medications

Aspirin EC 81 MG Tablet Delayed Release 1
tab Once a day, stop date 04/18/2015
Carvedilol 6.25 MG Tablet 1 tab Twice a day,
stop date 04/18/2015
Furosemide 40 mg Tablet 2 tabs Daily, stop
date 04/18/2015
Lisinopril 20 mg Tablet 1 tab Daily, stop date
04/18/2015
Atorvastatin Calcium 40 mg Tablet 80 mg At
Bedtime, stop date 04/18/2015
Keppra 500 mg Tablet 1 tab Twice a Day, stop
date 04/18/2015
Lisinopril 10 mg Tablet 3 tablets Daily, stop
date 06/26/2015
Lamictal 25 MG Tablet 75 MG At Bedtime,
stop date 04/15/2015
Seroquel 300 MG Tablet 1 tablet at bedtime
At Bedtime, stop date 04/15/2015
BusPIRone HCl 10 mg Tablet 1 tab Twice a
Day, stop date 04/15/2015

Past Medical History

Disabilities
Chickenpox
Hypertension
Heart disease
Seizures
SPMI - NO
SPMI - NO
Tendonitis NOS
REFUSAL OF TREATMENT
REFUSAL OF TREATMENT
Rash
PERSONALITY DISORDER NOS
Major depression NOS
PSYCHOSIS NOS
Depression with anxiety

Allergies

Ibuprofen: hives: Allergy

Reason for Appointment

1. Sickcall

History of Present IllnessNotes:

Pt c/o painful abcess for over one week, no fever.

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUTY

Non-Intake Acuity Scale 2: Complicated sick call (problem
requiring diagnostic evaluation, documented history, physical exam,
specified follow up) OR One chronic condition addressed with
components specified in (3)

Vital Signs

BP			
121/83	04/03/2015 06:33:33 AM	David Onuora	
Pulse			
93	04/03/2015 06:33:33 AM	David Onuora	
RR			
16	04/03/2015 06:33:33 AM	David Onuora	
Temp			
99.3	04/03/2015 06:33:33 AM	David Onuora	
SaO2			
99	04/03/2015 06:33:33 AM	David Onuora	

ExaminationGeneral Examination:

GENERAL APPEARANCE: well-appearing, no acute distress.
HEENT: PERRLA, EOMI.
NECK: supple.
HEART: RATE:-, regular, RHYTHM:-, regular, HEART SOUNDS:-,
normal S1S2, MURMURS:-, none.

Patient: MCNAIR, LARRY DOB: 01/13/1963 Progress Note: David Onuora, PA 04/03/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Homicidal:

= .

Insight:

= .

Judgment:

= .

ROUNDS NOTE RISK ASSESSMENT:

Rounds Note Risk Assessment:

Addendum:

02/25/2015 11:10 AM Kennedy, Lauren > Pt seen by on call 2/24/15 during 8x4pm tour and dc from suicide watch.

Appointment Provider: Sanja Medich, LMHC



**Electronically signed by Sanja Medich LMSW, LMSW on
02/24/2015 at 09:39 PM EST**

Sign off status: Completed

**Anna M. Kross Correctional Facility
18-18 Hazen Street
East Elmhurst, NY 11370
Tel: 718-546-3550
Fax:**

Patient: MCNAIR, LARRY DOB: 01/13/1963 Progress Note: Sanja Medich, LMHC 02/24/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

PRO SE INTAKE UNIT ROOM 200
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
U.S. COURTHOUSE-500 PEARL STREET.
NEW YORK, N.Y. 10007

USM_{P3}
SDNY

"CONFIDENTIAL LEGAL MAIL"

2016 JAN 20 AM 8:00

